

WEST ESPA MEASUREMENT DISTRICT

_____ *Calendar Year*
WATER MEASUREMENT ANNUAL REPORT

For the Water Measurement Using - **TIME CLOCK METHOD**

ATTENTION: Year end data must be submitted the West ESPA Measurement District % Idaho Department of Water Resources, 1341 Fillmore St. Suite 200, Twin Falls ID 83301, on or before **January 15th of the ensuing year.**

NOTE: A separate reporting form must be submitted for each well.

Name:	_____
Water Right No:	_____
Legal Description:	T_____ R_____ Sec. _____ 1/4 _____ 1/4 _____ 1/4
Site Tag No:	_____
Diversion Name:	_____

SECTION I Appropriator information

Name and Address of Water Right Holder

Current Owner

Name _____ Phone _____

Last, First, MI

Address _____ Fax _____

City _____ State & Zip _____

Original Owner (if sold within last year)

Name _____ Phone _____

Last, First, MI

Address _____ Fax _____

City _____ State & Zip _____

Operator (if leased or operated by someone else)

Name _____ Phone _____

Last, First, MI

Address _____ Fax _____

City _____ State & Zip _____

SECTION II Well Pump, Rate of Flow and Volume Information

Pump discharge pressure at normal operating conditions: _____ PSI (pounds per square inch)

Does this pump open discharge? Yes / No (circle one) Is the pump ever throttled? Yes / No

Measured flow rate _____ Units of measurement: gpm, cfs, or other _____

Flow rate measured by _____ Date of flow rate measurement _____

Date (enter date of reading)	Time Clock reading	Discharge pressure
January ()		
February ()		
March ()		
April ()		
May ()		
June ()		
July ()		
August ()		
September ()		
October ()		
November ()		
December ()		

Total Clock Hours _____ Total Acre-feet _____

* Equations: Acre Feet = **GPM** x Hours ÷ 5431 OR **CFS** x Hours ÷ 12.1

Calculations and/or comments:

SECTION III Well Information (Optional)

Idaho code measurement statute § 42-701 requires water users to measure water levels in their wells. However, IDWR recognizes that measuring water levels in some wells is very difficult, especially wells with submersible-type pumps installed. If the water level cannot be measured, please give a brief explanation in the comments section. If measured during the year please report below:

Static Water Level: Ft. _____ Date _____ Time of day _____

Depth to water in the well with the **pump off** and water level stabilized,
measured from approximate ground level to water surface in the well.

Dynamic Water Level: Ft. _____ Date _____ Time of day _____

Depth to water in the well with the **pump operating** at or near full capacity and
the water level stabilized.

SECTION IVA For Irrigation Uses; crop information and method of irrigation for area being served by this pump. If possible list each type of crop and the number of acres grown and number of acres irrigated with each of the irrigation systems methods.

<u>Crop</u>	<u>Acres</u>	<u>How irrigated? (no. of acres each method)</u>	
		<u>Sprinkler (acres)</u>	<u>Surface(acres)</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
Not Irrigated this year**	** _____		

Total acres _____

**** Show the numbers of acres normally irrigated but NOT irrigated for some reason this year.**

SECTION IVB (Optional) For Non-Irrigation Uses; describe type of use:

SECTION V Modifications made during the year and other comments

Please describe in the space below any major modifications made to the pumping plant or piping system which would affect the accuracy of the flow measurements during the year. Attach drawings, sketches, photographs, notes or design information if needed.

SECTION VI

Comments:

SECTION VI Certification

I hereby certify that the above reported information is correct to the best of my knowledge and that I recognize that willful submittal of false or inaccurate data is a violation of law subject to the penalty provisions of Sections 42-311, 42-350 and 42-351, Idaho Code.

Date _____ Signature _____

For Office Use Only

Received by _____	Date _____
Reviewed by _____	Date _____
Data Entry by _____	Date _____